# Specialty Fitness Program Application

Email application to: info@IDEAFitInsurance.com
Fax application to: 1.913.652.3966
Mail application to: PO Box 410679 Kansas City, MO 64141-0679

(*Required Information Field)

*Industry association or concept: *Desired policy inception date: *Date business started: *Years of experience:

*Description of operations:

☐ Personal training or group fitness ☐ Yoga or Pilates ☐ Aerobics or group dance
☐ Other, please describe:

*Business legal name:

*Mailing address with city, state and zip:

*Physical location #1 if different including city, state and zip:

*Entity type:

☐ Corporation ☐ Sole proprietor ☐ LLC

☐ Other

*Contact name:

*Contact phone number:

*Email:

## *General Underwriting questions (All following questions in this section are required to issue quote)

Please mark, ONLY, if any of the following equipment is used in your operations.

☐ Pools ☐ Jacuzzis ☐ Steam rooms
☐ Saunas ☐ Climbing walls ☐ Tanning beds
☐ Trampolines (other than mini cardio trampolines

Please mark, ONLY, if any of the following operations are performed.

☐ Gymnastics ☐ Day care services ☐ Contact boxing

Number of trainers (Full Time and/or Part Time)? # of Full Time: # of Part Time:

| | | |
|---|---|---|
| Are all trainers/instructors certified? | Yes ☐ | No ☐ |
| During sessions, are your customers under the direction of a trainer or instructor at all times? | Yes ☐ | No ☐ |
| Are any products sold under your label? | Yes ☐ | No ☐ |
| If yes, are the products manufactured in the United States? | Yes ☐ | No ☐ |
| Do all participants sign waivers? | Yes ☐ | No ☐ |
| Do you have a medical crisis plan? | Yes ☐ | No ☐ |
| Does each location have an individual trained for use of Automatic External Defibrillator (AED) or CPR at all times? | Yes ☐ | No ☐ |
| Do you conduct any off premises events? | Yes ☐ | No ☐ |
| If yes, please describe: | | |
| Do you have 24/7 operations? | Yes ☐ | No ☐ |
| Any operations owned (50% or more) or operated by the insured but not listed herein? | Yes ☐ | No ☐ |
| Is the applicant a subsidiary of another company or own any subsidiaries? | Yes ☐ | No ☐ |
| Do you use contract labor? | Yes ☐ | No ☐ |

Are surveillance cameras onsite?

☐ No ☐ Yes, with off premise feed. ☐ Yes, without off premise feed.

Do you have a new hire training program?

☐ No ☐ Yes, formal written. ☐ Yes, informal.

| | | |
|---|---|---|
| Do you provide any medical facilities or employ or contract with any medical professionals? | Yes ☐ | No ☐ |
| Any operation sold, acquired, or discontinued in the last 5 years? | Yes ☐ | No ☐ |
| Been active in or currently active in joint ventures? | Yes ☐ | No ☐ |
| Any policy or coverage declined, cancelled or nonrenewed during the prior three (3) years for any premises or operations? (Missouri applicants — do not answer this question.) | Yes ☐ | No ☐ |

## *Abuse and Molestation questions (Answer regardless if you have employees or independent contractors)

| | | |
|---|---|---|
| Are background checks performed on all employees and/or independent contractors? | Yes ☐ | No ☐ |
| Do you reject any applicant with any history of violence or sex related offenses? | Yes ☐ | No ☐ |
| Do you have a written loss control program in regard to of abuse, sexual misconduct or molestation? | Yes ☐ | No ☐ |
| Have you had any claims or incidents related to abuse or sexual misconduct? Are you aware of any incident that could lead to a claim? | Yes ☐ | No ☐ |

## *Commercial Property - Required if you have property you want insured. *(additional location supplement is needed for multiple locations)*

*Internal location identifier (studio #, etc.):

*Location #1 building is:

☐ Owned ☐ Leased

*Year building was constructed *(example 1980)*

Building value to be insured (if Owned):

Building valuation (if Owned):

☐ Replacement cost ☐ Actual cash value

*Business personal property value:

*Personal property valuation:

☐ Replacement cost ☐ Actual cash value

*Please indicate your desired property deductible. We will quote the nearest available deductible. ☐ $1,000 ☐ $2,500

*Feet to nearest Fire Hydrant:

*Miles to Fire Department:

Miles to Coast (if coastal):

*Is your location within the town or city limits? Yes ☐ No ☐

*Building construction — if unknown, please mark other along with a description of construction material used.

☐ Frame ☐ Noncombustible ☐ Jointed masonry
☐ Masonry noncombustible ☐ Other:

*Please mark all options that best describe your building:

☐ 1 story ☐ 2 stories ☐ 3 stories
☐ 1 story + basement ☐ 2 stories + basement ☐ 3 stories + basement
☐ Other:

*If your business or organization is the sole occupant of your building leave the section below blank. If you have tenants please list each tenant, square footage occupied. Those tenants may be required to list you as an additional insured.

*My location/building has:

☐ Sprinkler system ☐ Central station burglar alarm ☐ Central station fire alarm
☐ Local alarm ☐ Safe ☐ Surveillance cameras

*If your building is over 20 years old, please show the approximate year of most recent updates.

Electrical: Roof: Plumbing: Heating: A/C:

*Total square feet of the building: *Square feet business occupies:

Square feet of 1st floor: Square feet of 2nd floor: Square feet of 3rd floor: Square feet of basement:

## *Commercial General Liability

*Please list your gross receipts/annual sales per location. (If new business/start up, please list estimated first year gross receipts/annual sales per location)

Receipts location #1 Receipts location #2 Receipts location #3 Receipts location #4 Receipts location #5

*General liability limit — nearest available option will be quoted based on insurance carrier offering

☐ $1,000,000/$2,000,000 ☐ $1,000,000/$3,000,000

Does the business listed own any vehicles?

☐ Yes (see auto section) ☐ No, quote hired and nonowned auto liability

Do you administer an employee benefits plan? (EBL)

☐ Yes ☐ No ☐ Other:

If yes on EBL, have you carried uninterrupted claims-made coverage from the current retro-active date shown?

☐ Yes ☐ No

Quote additional umbrella liability: (Only if you want or need more coverage than the limits listed above.)

☐ Yes ☐ No ☐ $1,000,000 ☐ $2,000,000

If yes on EBL, what is the retro date?

## Workers' compensation (Leave section blank if you don't want a Workers' Compensation quote.)

Quote worker's compensation? Desired policy inception date?

☐ Yes ☐ No

If no, please list other states and payroll amount:

Desired worker's compensation limits?

☐ $100,000/$500,000/$100,000 ☐ $500,000/$500,000/$500,000 ☐ $1,000,000/$1,000,000/$1,000,000

All employees work in the same state as the physical address? Yes ☐ No ☐

Number of employees? Please indicate number of full time and part time *(example: 5FT and 3PT)*

Class code #1 (list state, code or describe duty, and payroll amount) *(example: TX, clerical, $40,000)*

Class code #2 (list state code or describe duty, and payroll amount)

What is your FEIN?

If known, what is your workers compensation experience modification factor?

Is coverage written through an assigned risk facility? Yes ☐ No ☐

Refer to the provisions of your state laws for complete details regarding the status of executive officers, partners, sole proprietors, and members and managers of limited liability companies; coverage election options available; and requirements, if any, that you submit an application to your governing state agency for approval. Failure to meet these requirements may affect your coverage or result in an additional premium at audit.

Please select below if you wish to include or exclude owner/officers from worker's compensation:

| | Officers | Partners | Sole proprietor |
|---|---|---|---|
| We elect to **include**: | ☐ | ☐ | ☐ |
| We elect to **exclude**: | ☐ | ☐ | ☐ |

Please list officers included or excluded in workers compensation? (Name, Title, Ownership percentage and include or exclude)

## Commercial Auto *(Owned autos only. Leave section blank if you don't want a Commercial Auto quote.)*

Quote owned auto? Yes ☐ No ☐

Auto liability limits

☐ Match general liability limits ☐ Other:

Describe how your business vehicles are used:

☐ Commute to work and errands ☐ Visit job sites ☐ Delivery to customers ☐ Transport others for hire

What is the radius of vehicle operation

☐ 0-50 miles ☐ 51-250 miles ☐ 251+ miles

Uninsured and underinsured motorist will match automobile liability unless other coverage is requested or limited by statute or insurance carrier.

☐ Match general liability limits ☐ Other:

Medical payments (med pay) or personal injury protection (PIP) will be offered at basic limits unless other amounts are requested.

☐ Quote basic state limits of either med pay or PIP ☐ Quote additional coverage one level higher ☐ Other

Do all drivers of company owned vehicles reside in a household with one or more vehicles insured on a personal auto policy? If no, drive another car or DOC endorsement may be needed. Yes ☐ No ☐

Quote comprehensive coverage. Yes ☐ No ☐

Quote collision coverage. Yes ☐ No ☐

Quote towing and labor. Yes ☐ No ☐

Comprehensive and collision deductible of:

☐ $500/$500 ☐ $500/$1,000 ☐ $1,000/$1,000 ☐ Other

Quote Rental Reimbursement?

☐ No ☐ $20 per day for 30 days ☐ $30 per day for 30 days ☐ Other

Vehicle #1 year, make, model, cost new, vehicle identification number

Vehicle #2 year, make, model, cost new, vehicle identification number

Vehicle #3 year, make, model, cost new, vehicle identification number

Describe garaging location if different from the physical address

Driver #1 name, date of birth, state, driver's license number

Driver #2 name, date of birth, state, driver's license number

Driver #3 name, date of birth, state, driver's license number

| | | |
|---|---|---|
| Do you allow your drivers to take scheduled autos home? | Yes ☐ | No ☐ |
| Are any scheduled autos used by family members? | Yes ☐ | No ☐ |
| Do you have any drivers under the age of 19 and/or who have less than 2 years driving experience? | Yes ☐ | No ☐ |
| Do you require drivers who use their personal auto on your business to show proof of insurance? | Yes ☐ | No ☐ |

What limit of Auto Liability insurance do you require of drivers who use personal autos on your business?

☐ State required minimum. ☐ $300,000 ☐ Other

Estimated job sites, deliveries and/or errands per day?

☐ < 1 per day ☐ 1 – 5 per day ☐ 5+ per day

Do you have a vehicle maintenance program?

☐ No ☐ Yes, formal written ☐ Yes, informal

Will you rent or lease any vehicles for less than 6 months? If yes, please indicate the cost of lease.

## *Past insurance losses all lines *(a copy of your insurance company loss runs may be required)*

☐ I have had no insurance losses for the current and past 3 years.

☐ I have had losses. See listed losses below or attached company loss runs.

Loss information. Please provide details and amounts paid out or reserved:

Additional comments if any regarding your present or past operations?

***Signature:**

***Title:**

***Date:**